

was not had recourse to.—Evening: Pulse 100, soft; is quite sensible, and does not complain of pain.

July 26th.—Going on favourably.

Aug. 3rd.—Suture removed; is nearly well.

10th.—Wound entirely closed.

15th.—Discharged cured.

**FISTULA LACHRYMALIS; CHRONIC ULCERATION FOLLOWING ACUTE ABSCESS OF SAC; PERMANENT RELIEF.**

A short time ago a laundress, forty-five years of age, was admitted as an out patient for this complaint, with which she had been affected for a considerable period without applying for relief. There was an ugly-looking ulcer, larger than a shilling, at the inner corner of the orbit and below the eyelid, surrounded by an erythematous blush, owing to the irritation of the tears. I passed the blunt end of a small-sized silver probe, bent at right angles, along the inferior meatus of the nostril, and succeeded, after careful and cautious manipulation, in entering the duct. This little operation was occasionally repeated, and an astringent lotion applied to the ulcer until a cure was effected. The case was at first very unpromising, and attended with considerable deformity and much discomfort to the patient, to whom, as well as to myself, the permanent relief afforded was very gratifying. I found the above procedure very satisfactory, although I am aware the more general practice is to divide the canaliculus with a very fine probe-pointed bistoury or scissors, and then pass a probe of medium size into the duct from above.

**ABSCESS AND GREAT ENLARGEMENT OF KNEE-JOINT IN A STRUMOUS SUBJECT.**

George H.—, nine years of age, was admitted May 29th, with the above disease. Fluctuation being distinct and the abscess pointing, an opening was made, and exit given to more than a pint of pus, of a character very far from laudable.

Rest enjoined, and nourishing diet with stimulants given. A mixture of iodine and collodion was painted over the knee, which was placed in a splint with an inclined plane. The therapeutic influence of rest, so admirably described and illustrated by Mr. Hilton, was very apparent in this case; and the boy was discharged, greatly relieved, on the 4th August, 1864.

**AVULSION OF NEARLY THE WHOLE OF THE SCALP BY MACHINERY.**

Jane W.—, aged nineteen, employed at a carding-mill, by some means got her head entangled by the machinery, in September, 1862, sustaining a frightful wound of the scalp, nearly the whole of which was removed, leaving the bones of the head quite bare. The scalp was so much bruised and torn that it was not attempted to replace it. The poor woman was for a long time under the care of Dr. Roden, F.R.C.S., as a private patient, and was for several weeks in a very dangerous and precarious state. She recovered her general health, but, notwithstanding the kindest and most judicious treatment, the cicatrization went on very slowly, and there is still (Oct. 1864) a large granulating surface on the crown of the head. A short time ago it was arranged by her employer, with the concurrence of all concerned, that she should become an out-patient of the infirmary; and at present a lotion of sulphate of zinc is applied to the sore, which is now healthy, and there is a prospect of ultimate cure, but with nearly the entire loss of her hair, which to one so young is of itself no small misfortune.

## Medical Societies.

### ROYAL MEDICAL & CHIRURGICAL SOCIETY.

TUESDAY, NOVEMBER 22ND, 1864.

RICHARD PARTRIDGE, F.R.S., PRESIDENT.

ON VASCULAR PROTRUSION OF THE EYEBALL: BEING A SECOND SERIES OF THREE CASES AND TWO POST-MORTEM EXAMINATIONS OF SO-CALLED ANEURISM BY ANASTOMOSIS OF THE ORBIT; WITH SOME OBSERVATIONS ON THE AFFECTION.

BY THOMAS NUNNLEY, F.R.C.S.,

SURGEON TO THE GENERAL INFIRMARY AT LEEDS AND TO THE OPHTHALMIC HOSPITAL.

The author began by referring to the first series of four cases of this uncommon affection published in the forty-second volume of the Society's Transactions; and suggested that, as these cases (like the three which form the subject of the present

communication, and especially the results of the post-mortem examinations of the two patients who died long subsequent to deligation of the carotid artery, the particulars of which he was about to relate) proved the opinion so long entertained of the nature of the affection—aneurism by anastomosis of the orbit—to be incorrect, the name of it should be altered; and he suggested that of "vascular protrusion of the eyeball," as more in accordance with its true character.

The first of this second series of cases was of traumatic origin; it occurred in a man who was thrown from his horse. There were very decided symptoms of fracture of the base of the skull. In a few days after the accident the left eyeball began to protrude, and to exhibit all the symptoms characteristic of the disease. Five weeks after the accident, as the patient was getting worse, and there was fear of the eyeball sloughing, the common carotid artery of the same side was tied. The patient speedily and completely recovered, and now (eighteen months after the operation) remains well.

The second case was of spontaneous origin, in a woman aged forty-seven. It occurred suddenly soon after she got out of bed. It had existed ten months. Beyond rest and cold lotions, very little treatment had been submitted to. It occasioned considerable distress, and incapacitated her from much work, as all exertion increased the suffering. It was probable that before long she would have to submit to more active means.

The third case was also spontaneous in its origin. For a long time the true cause of it was very obscure. The protrusion of the globe was excessive. Although ligation of the carotid (which was resorted to) was successful in arresting the protrusion of the eye, owing to other tumours which the patient suffered from, his health continued to decline, and he died exhausted eighteen months after the operation. The eyeball had collapsed, and had given no further trouble. For some time before the patient's death the disease was known to be malignant. A post-mortem examination revealed a tumour developed in the cavernous sinus, pressing upon the ophthalmic vein, and passing into the orbit and the zygomatic fossa. Another tumour, which also during life had been pulsating, passed through an opening in the right parietal bone on to the brain. A large tumour projected externally from the sternum, and also into the cavity of the chest. The thyroid was a large mass of malignant degeneration.

The second post-mortem examination was of the body of Mrs. J.—, whose case was reported in the first series of cases. She died upwards of five years after the operation had been performed, since which, until a few days before her death, she had generally been in good health. The fatal disorder was thought to be acute bronchitis: she suddenly became comatose, and died soon afterwards. The entire brain was found to be small; and the anterior lobe of the cerebrum on the side in which the carotid had been tied was considerably smaller than that of the other side. This condition, however, the author thought could hardly be attributed to the ligation of the vessel, for which he gave his reasons. On the side of the sella turcica, just as the ophthalmic artery was given off from the carotid, was found a circumscribed aneurism, filled with a solid coagulum, which pressed upon the ophthalmic vein, and thus occasioned the protrusion of the eyeball.

The author thought these seven cases and the three post-mortem examinations satisfactorily showed the true cause of the ocular protrusion to be pressure upon the post-ocular veins, which interfered with the free return of blood from the eye and orbit. He contended that usually there was no disease whatever in the orbit itself, the condition of the parts in it being merely passive, as a swollen limb is below a large popliteal or axillary aneurism; and that though a circumscribed aneurism, as in most sudden cases of spontaneous origin, or a diffused aneurism from rupture of a bloodvessel in traumatic cases, was the most common cause of the development of the affection, this was by no means a necessary condition for the existence of it. He believed that it might be induced by anything which causes pressure upon the ophthalmic veins or difficulty in the return of blood from them. Though in the most acute form the disease had been rarely seen, and its nature had been misunderstood, the author was inclined to think that in more chronic and much subdued degrees it was not so very uncommon. He considered that in many cases of protruded eyeballs in weak and delicate persons, in those with bronchocele or cervical tumours, and where there is impeded circulation from disease of the heart (particularly of the right cavities) or of the lungs, the disease is essentially of the same character as the more acute affection, though at first sight they may appear to be very different, and certainly do require such different management.

Mr. CURLING said that it was remarkable that Mr. Nunneley should have met with so many cases of an affection so rare as aneurism in the orbit, and thought that much credit was due to him for the pains he had taken in investigating these cases and in endeavouring to establish their true character. Mr. Nunneley, however, had committed a slight error in stating that no light had been thrown on the affection for forty years after the publication of Mr. Travers's case, as Mr. Busk's paper was published in the "Transactions" of this Society twenty-five years ago. Mr. Busk tied the carotid artery for an aneurism in the orbit; and, in some able remarks on the case, showed that it was not of the nature of aneurism by anastomosis. The case of traumatic aneurism of the ophthalmic artery, in which Mr. Curling also tied the carotid artery with success, and a similar case which occurred to the late Mr. John Scott, both published in the "Transactions" some years later, confirmed the views of Mr. Busk. Mr. Curling thought that Mr. Nunneley had not been happy in abandoning the designation "aneurism of the orbit," used in his first paper, and substituting "vascular protrusion of the eyeball." To class affections of very different character under one common head taken from a prominent symptom was not calculated to advance surgical pathology and practice. He had always thought that the late Mr. Stanley had committed a mistake of this nature in describing tumours of bone of different kinds under the head of "pulsating tumours." What would he thought of classing popliteal aneurism, other tumours in the popliteal space, and diseases of the lower end of the femur obstructing the circulation, under the head of vascular oedema of the lower extremity? Yet this would not be more unreasonable than grouping aneurism in the orbit, malignant disease in this part, and certain cases of bronchocele, under the head of vascular protrusion of the eyeball. This mode of classification gives no help to treatment. If accuracy and nicety of diagnosis are to be valued, we must call diseases after their real nature. In cases of aneurism, prominence of the orbit was not the chief symptom. The heavy heat felt on placing the finger on the globe, the constant pulsation in the head so distressing to the patient, and the early destruction of vision from pressure on the optic nerve, were more important symptoms; and the only treatment which could save the sight was tying the carotid artery at an early period. The importance of an accurate diagnosis was shown by Mr. Nunneley's third case, in which he had tied the carotid artery for a malignant tumour in the orbit; and without intending any reflection on the proceeding in the case in question, Mr. Curling did not suppose that Mr. Nunneley would recommend the practice in similar cases. Mr. Curling considered it better to adhere to the term which designated the disease aneurism in the orbit, whether spontaneous or traumatic.

Mr. HULKE asked if Mr. Nunneley had tried digital pressure, as cases had been recorded to have followed that simple measure.

Dr. C. J. B. WILLIAMS thought Mr. Nunneley's observations did throw a light on an affection of the eyeball which was far from uncommon. A condition of symptoms, with enlarged thyroid and throbbing of the arteries of the neck, had attracted the attention of physicians for the last thirty years. It had been described by Graves, Corrigan, and by several German physicians, and recently Dr. Begbie had written a good paper on the subject. He (Dr. Williams) had seen ten or twelve such cases. The eye symptoms were similar to those in Mr. Nunneley's cases, except that both eyes were affected. He (Dr. Williams) had taken great interest in these cases. The symptoms presented, at first glance, the appearance of organic disease, but the sequel proved that they were not, as they might be removed by treatment. In some of these cases the eyes were so protruded that vision was oblique, and the eyes could not be closed. There was also much palpitation, and great nervousness and exhaustion. Yet under treatment, especially with the sesquichloride of iron, the patients, in three or four completed observations, got quite well. He (Dr. Williams) thought the cause of the symptoms was a loss of tonicity in the arteries, but post-mortem examinations in support of this opinion were wanting. He mentioned these cases in connexion with Mr. Nunneley's as the results of treatment were most important. It shows that this class of cases would recover by simple means, without having recourse to an operation so severe as that of ligature of the carotid.

Mr. NUNNELEY said that in one case pressure had been tried for a long time with no benefit. He thought the carotid one of the most unlikely arteries for compression. Mr. Nunneley thought that Mr. Curling must have spoken from memory, and that he was not quite accurate as to dates. Then he differed

entirely from Mr. Curling as to the name for the disease. He did not think the term he had brought forward was an error in nomenclature. In such cases there might be an aneurism in the head, and not in the orbit. The protrusion, again, might be the result of compression of the vessels by a tumour; indeed, it might be the result of any tumour which occasioned pressure. In reply to the remarks of Dr. C. J. B. Williams, Mr. Nunneley said that he recognized the group of cases he mentioned and their appropriate treatment by tonics. In the class of cases he (Mr. Nunneley) had described he should not think of adopting so severe a method as ligature of the carotid, unless there were urgent symptoms requiring it.

Mr. CURLING again said that Mr. Travers's case was recorded in 1811, and Mr. Busk's in 1839.

Mr. MOORE rose to support Mr. Curling's recollection. Mr. Busk's paper was devoted to showing that such cases were not cases of aneurism by anastomosis, but true aneurisms.

Dr. SANKEY said that some years ago he had had under his care a case of proptosis in a case of fever. It was due to phlebitis of the cavernous sinus, and the orbit collapsed when the patient died. Dr. Sankey remarked that prominence of the globe was a symptom of the paralysis of the iusane, and was due to paresis of the muscles of the globe. In those cases, however, it was equal on the two sides.

Mr. NUNNELEY said that he believed Mr. Travers's case occurred in 1804. He (Mr. Nunneley) never ventured to claim the credit of first explaining the true nature of those cases. Mr. Guthrie had not seen his patient during life, and had merely made the post-mortem examination. He (Mr. Nunneley) remarked that as the protrusion depended on causes so various, he thought a general term was safer and more applicable.

Mr. CURLING said he wished it to be understood that in endeavouring to point out what he believed to be a slight error in detail, he did not wish in any way to detract from the great merit of the paper.

Mr. HULKE maintained that pressure on the carotid could be borne, it had been carried out for long periods in a case under the care of Mr. Bowman, sometimes for twelve hours together. But the best proof was, that cases like Mr. Nunneley's had been cured by this method.

## PATHOLOGICAL SOCIETY OF LONDON.

TUESDAY, NOV. 15TH, 1864.

Mr. PRESCOTT HEWETT, PRESIDENT.

Dr. HARLEY read a Report on the Specimen exhibited by Dr. Broadbent, of Dilatation of the Bladder, Ureters, and Pelves of the Kidneys, in an infant three months old. There were no calculi. The right kidney was most dilated. There were several valvular folds in each ureter; more in the right than in the left. The urethra had been removed, therefore the cause of retention of urine in the bladder could not be detected; but it was conjectured that it was a fold of mucous membrane similar to those in the ureters, and that it was congenital.

Dr. MORELL MACKENZIE showed a specimen of

### NECROSIS OF THE CRICOID CARTILAGE

from a man who died of phthisis at the age of thirty. The cartilage was bathed in pus, and the perichondrium extensively separated. The cartilages, as usual in such cases, had become ossified.

Dr. MACKENZIE also showed a specimen of

### LARYNGEAL GROWTHS

from a child who had never been known to emit any sound from its larynx. Laryngoscopic examination was impossible; but a rounded growth could be felt with the finger which was thought to spring from the thyroid cartilage. The child had been examined by many surgeons, who all came to the same conclusion. After death there was found no cartilaginous tumour, but merely a collection of warty growths. The feeling of a rounded tumour was produced by pressing the tongue down with the finger, and so throwing up the hyoid bone.

Dr. ROBINSON (Scots Fusilier Guards) exhibited the

### LIVER, GALLS, AND KIDNEY

of a young soldier, who was admitted into hospital on the 16th of Sept. last with a soft chancre. His skin was slightly jaundiced; but his general health, otherwise appeared to be good, for he complained only of the venereal affection. He was a muscular and tall young man. At eight A.M. on the